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6 June 2009

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# Dispensing errors campaign heads for Westminster

See page 5

**PLUS**

# Are you ready for the hayfever season?


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**Fexo**[illegible]
**Telfast** [illegible]mg
**Presentations:**
The tablets are [illegible] containing 120 mg fexotenadine hydro[illegible]fenadine.
**Indications:**
For relief of symptoms [illegible] disorders.
**Dosage & Administration:**
For the treatment of seasonal [illegible] in children aged 12 years and over, the recommended dose of fexofenadine is 120 mg once daily before [illegible] fexofenadine hydrochloride has not been [illegible] years of age.

**Contra-indications:**
Known hypersensitivity to any of the product's ingredients.
**Precautions:**
Studies in adults have shown that it is not necessary to adjust the dose of fexofenadine hydrochloride in the elderly or in renally or hepatically impaired patients. However, fexofenadine should be administered with care in these special groups.
**Side effects (Please refer to the Summary of Product Characteristics for full side-effect details):**
In controlled clinical trials the incidence of commonly reported adverse events observed with fexofenadine was similar to that observed with placebo. These adverse events were headache, drowsiness, nausea, dizziness, and sleep disorders or paronirla, such as nightmares. In rare cases rash, hypersensitivity reactions with manifestations such as angioedema, chest tightness, dyspnoea, and systemic anaphylaxis have also been reported.
**Pregnancy & Lactation:**
Fexofenadine is not recommended in pregnancy or for mothers breast-feeding their babies, due to absence of experience in this group of patients.
**Legal Category:** POM
**Marketing Authorisation Number:** PL 04425/0157
**NHS Price:** Pack of 30 Tablets: £ 6.23
Further information is available from Winthrop Pharmaceuticals, One Onslow Street, Guildford, Surrey, GU1 4YS.

**Date of Revision of Prescribing Information:** April 2009

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**TABPI Awards 2008**
Winner for news coverage

> THE SECOND CALL TOLD ME TO IGNORE THE FIRST CALL AND TO STICK TO THE ORIGINAL INSTRUCTIONS. IT WAS TURNING INTO A PLOT FOR CARRY ON DOCTOR

This Sunday I experienced first hand the UK's pandemic response. My son had been in contact with suspected cases of swine flu and we were advised to ring the regional flu response centre.

First contact was excellent – the centre phoned back within 10 minutes and they already had access to my son's details. A quick telephone consultation followed before I was given a secret code to give to our local out of hours provider and, hey presto, we would get a pack of Tamiflu in return. So far, so good.

The out of hours telephone consultation went well (although I'm not entirely convinced the doctor knew what I was talking about when I mentioned the secret code) and, after verbally telling me the dosage instructions, I was given a location where I could collect the antiviral.

It was here that the process fell down. After filling out the FP10, I was handed an unlabelled pack of Tamiflu. Fortunately I had (as pharmacists do) read the dosage for prophylaxis on the script.

So we were a little surprised to get a phone call a few hours later telling us that we had been told the wrong dose. I wasn't convinced and a check on the HPA website confirmed my suspicion.

It was then that I got a second call telling me to ignore the first message and to stick with the original dosage instructions. It was fast turning into a plotline for Carry on Doctor.

In the end we got the right product at the right dose and every health professional we came into contact with during the process was trying to make our experience as easy as possible.

While errors were made, they were not intentional and no different from the hundreds of inadvertent errors made in the NHS every day. But had a pharmacist dispensed a POM with no label or given out the wrong dosage instructions, they could potentially be facing a criminal prosecution.

Howard Stoate's initiative, then, to raise this issue in parliament (p5) is a welcome addition to Dispensing Justice, the industry campaign to decriminalise dispensing errors.

But, as the MP for Dartford has highlighted, the chances of securing a House of Commons debate on this key industry issue is dependent on grassroots pharmacists lobbying their MP to sign the early day motion (p5).

The jail sentence handed to former pharmacist Elizabeth Lee for making a dispensing error is a landmark moment in community pharmacy's history. We should ensure that no other pharmacist has to go through the same ordeal – write to your MP today.

**Gary Paragpuri, Editor**



## Features

# Churton retains RPSGB presidency in clear run

I would have quit if I felt progress was not being made, he says

**Zoe Smeaton and Chris Chapman**

Steve Churton has been re-elected as president of the RPSGB and will hold the position until the launch of the new professional body next spring.

At that point, a new president will be selected and Mr Churton told C+D he hadn't yet decided whether he would stand for that election.

Mr Churton, who was the sole candidate for president, told C+D he was pleased to be re-elected because building the new body was "always going to be a two-year journey".

Accepting the presidency, Mr Churton said had he not felt good progress had been made and that future goals were achievable, he would have "graciously stepped down".

But the Society had "come a long way" over the last year, he said, with Council becoming "more cohesive, more focused, more productive and more resilient".

Although some would find change unwelcome, Mr Churton said the Society had "listened like never before" to members and must focus on demonstrating strong, responsible and supportive leadership.

**Steve Churton: Society had "listened like never before"**

"Numerous examples of initiatives... demonstrate, without doubt, that the Society has a purpose far beyond the regulatory role," he added.

A Society spokesperson said the new professional leadership body would have a CEO as well as a president and that it would be up to the body to decide on the maximum term of office for that president.

## Members' verdict

**Do you agree with the president that the Society has 'listened like never before' in the past year?**

"The support for the membership has been somewhat lacking over a number of years... and some of us have lost interest in the Society. I still think the jury's out. I have seen lots of fliers and emails but lots of us are waiting to see what happens."
**George Wickham, Alphington Pharmacy, Exeter**

"They certainly seem to be listening to what people have to say; I've been involved in a lot of online questionnaires. That they are interested in what people have to say instead of blowing their own trumpet is a good indication for the future."
**Mark Griffiths, Dowlais Pharmacy, Merthyr Tydfil**

"It could be a lot worse but I'm not entirely convinced. There is definitely work to be done and I'm waiting to see if they really do make the kind of changes they have promised."
**Aniket Parikh, Clockwork Pharmacy, Hackney, London**

# RPSGB wants right to assess English skills

The RPSGB will demand the right to assess pharmacists' language skills after a survey found four out of 10 employers are concerned about some staff's ability to understand English.

Interim results from a survey conducted by the Society revealed 39 per cent of employers had experienced problems with foreign pharmacists who lacked basic English skills.

Examples given included problems talking to patients, reading prescriptions and understanding standard operating procedures.

Around 160 employers with a foreign pharmacist responded to the survey, which was sent to 1,500 employers including independents, multiples and locum agencies.

RPSGB registrar Jeremy Holmes said the Society should have the right to assess the language competency of European pharmacists, currently prohibited by an EU directive.

He said: "It is a regulatory responsibility [to assess language competency]... with the other regulators we will be making representation to the DH. This is gathering speed."

Three other healthcare regulatory bodies had already pledged support for the move, Mr Holmes added.

The Pharmacists and Pharmacy Technicians Order prohibits the Society assessing the language competency of pharmacists coming from the European Economic Area. **CC**

# Society calls ballot on Charter changes

The RPSGB has called a ballot on proposed changes to its Charter, despite concerns over governance arrangements for the proposed new professional body.

The special resolution ballot, which will be open from June 22 to July 20, asks pharmacists to approve Charter amendments crucial to the formation of the professional leadership body next spring. The ballot will require a two-thirds majority vote to pass.

Speaking at the June 2 Council meeting, Council member Alison Moore expressed concerns that only 61 per cent of respondents to the Charter consultation earlier this year had supported the proposed amendments, and recommended a second consultation.

However, the Council agreed to a ballot with a majority vote after president Steve Churton called for "a bold leadership decision".

Respondents to the Charter consultation highlighted problems with the accountability of the leadership body's Assembly, which would not be directly elected by members, and the organisation's financial viability. **CC**

RP

Responsible Pharmacist: your complete guide

**Part 2 – see page 13**

# Dispensing errors debate bound for parliament

CAMPAIGN MP tables formal motion to force Commons debate

**Jennifer Richardson**

The campaign to decriminalise dispensing errors could be headed for a parliamentary debate, after a Labour MP submitted a formal motion on the issue.

Dr Howard Stoate this week tabled an early day motion (EDM), which demands a change in the law that allows pharmacists to be criminally prosecuted for single dispensing errors.

The all-party pharmacy group (APPG) chairman called on all C+D readers to lobby their local MPs to support the motion.

Dr Stoate said: "If all your grassroots pharmacists could be phoning up or writing to their MPs... it would gauge what the support is."

Two days after submission, the EDM had gained the support of nine MPs, including the signatures of Dr Stoate and APPG treasurer and pharmacist Sandra Gidley.

Dr Stoate said a target of 100 signatures would put the motion "in strong territory". He added: "And you're only going to get the 100 if a lot of pharmacists pressure their local MPs."

Very few EDMs are ever debated in the House of Commons. Dr Stoate said a well-supported motion would demonstrate to the government the need for change. "It shows it's a significant issue," he told C+D.

It would add weight to the APPG's inquiry into the decriminalisation of dispensing errors, the outcome of which the group would present to ministers, he added. "Change in the law is very difficult unless you get complete government backing."

**What you can do**

1. View the early day motion: http://tinyurl.com/okakyy
2. Download the RPSGB's template letter to MPs: http://tinyurl.com/oolwmh
3. Find your local MP: www.theyworkforyou.com


**Howard Stoate : 100 signatures would put the motion in strong territory**

# Supply surcharges under fire

Contractors are facing extra costs as a result of new supply schemes and the problem must be resolved urgently, PSNC has warned.

The comments came as Eli Lilly's distribution deal through Phoenix and AAH, due to go live in July, came under fire. Alliance Healthcare, which has not been chosen to supply Lilly products under the deal, expressed concerns about possible minimum order surcharges.

PSNC said it had concerns as limited supply schemes had driven up distribution costs. Lindsay McClure, head of information services, said the NHS would have to cover these costs but "in the meantime the burden falls unfairly on some pharmacies depending on their choice of wholesaler".

Ms McClure said PSNC was continuing to press wholesalers not to apply surcharges where there was no effective competition.

Alliance Healthcare warned that customers ordering only Lilly products through one of the participating wholesalers might be subject to surcharges.

Lilly said it was aware that one service provider did include a "lower account surcharge" as one of its account conditions, but it called this "their business decision".

A Lilly spokesperson said they were confident the new service would ensure "a more practical, reliable and manageable distribution of medicines in the UK".

Phoenix and AAH stressed that service levels would be "excellent" within their respective offerings. **ZS**

## Computer error hits Cardura XL 4mg orders

A computer glitch has resulted in pharmacists being told they have "no right" to order Cardura XL 4mg, Pfizer has said. The system error has caused some pharmacists to receive an invoice stating they have "no right to buy" Cardura XL 4mg tablets. A Pfizer spokesman told C+D the error stemmed from a national shortage of the product and would be rectified as soon as possible.

The spokesman said pharmacists unable to obtain Cardura XL 4mg through their wholesaler should contact Pfizer directly. Only Cardura XL 4mg tablets are affected. Cardura XL 4mg tablets were listed by Pfizer as under "emergency supply" as C+D went to press. **CC**

## Alliance Boots pay freeze

Alliance Boots has declared a pay freeze on its six executive directors, including executive chairman Stefano Pessina and health and beauty chief executive Alex Gourlay. The move was "due to the current challenging economic environment", the group announced in its annual review last week.

## RPSGB redundancies

Twenty five positions at the Royal Pharmaceutical Society could be made redundant under an organisational restructure proposed last week. There will be a one-month staff consultation period before final decisions are reached. Society chief executive Jeremy Holmes said the restructure was necessary "to create a professional leadership body that meets the requirements of the membership".

## Radio 4 debate

The criminal prosecution of dispensing errors will be debated on BBC Radio 4 this weekend. Weekly current affairs programme iPM decided to explore the issue after a "horrified" pharmacist listener emailed about the issue. The programme will air at 5.45am on Saturday, June 6, and you can listen to the podcast at www.bbc.co.uk/ipm.

## July Cat M tariff

The July 2009 category M tariff contains "hardly any changes", a generics expert has told C+D. Sigma managing director Bharat Shah also welcomed a lack of new lines in the updated tariff. Look out for further analysis of the price changes in C+D's Category M Barometer in the coming weeks.

## Scottish payments

Community Pharmacy Scotland has asked contractors for feedback on difficulties claiming strand F contract preparation payments. The contract negotiator would discuss issues beyond pharmacies' control, such as non-enabled GP surgeries, with the Scottish Government, it said. Fill in the feedback form at http://tinyurl.com/qhmy55.

## Dispensary talk

Has your primary care body kept you informed of plans to manage an outbreak of swine flu?

"They have plans? I feel that I've had official notification from national bodies, but I don't think I've had anything from local ones."
**John Throup, Burrows & Close Pharmacy, Calverton**

"It has. There's been so much literature. Over the last two or three weeks we were getting daily notifications from all over the place."
**Brian Deal, Ashwell Pharmacy, Hertfordshire**

## Web verdict

**Yes** 24%

**Yes, but some problems** 8%

**Not enough information** 10%

**No, not at all** 13%

Armchair [illegible] six out of 10 respondents feel they have been left out of the loop.

Next week's question:
Who was your favourite recent RPSGB president? Vote at **www.chemistanddruggist.co.uk**

# Lloydspharmacy CEO commits to UK growth...

EXCLUSIVE Investment in exisiting stores rather than large acquisitions

**Jennifer Richardson**

Lloydspharmacy is committed to investing in its UK business, chief executive Richard Smith has told C+D.

The pledge follows an announcement from European parent company Celesio in March that it intended to reduce its reliance on the British market.

But Mr Smith said: "It doesn't mean they're taking anything away, it means they're increasing their European contribution further afield."

Speaking out for the first time on the implications for Lloydspharmacy, he insisted: "Celesio made it very clear to me... their commitment to, and growth plans for, the UK."

However, Lloydspharmacy was unlikely to make further large acquisitions, Mr Smith said, of the type that had grown the business from 500 to 1,700 branches over the past five years.

There was "no need", he explained, due to the multiple's now comprehensive coverage of the UK. He said: "We're quite content with the number of units that we have."

**Richard Smith: "We're quite content with the number of units we have"**

Instead, Lloydspharmacy would invest in existing stores, such as by upgrading its consultation rooms (in 95 per cent of branches) to "care rooms" designed to feel like doctors' surgeries. The chain was on the "second phase of its journey" to transforming from a retail chemist to a community healthcare provider, Mr Smith said.

Lloydspharmacy was also increasing its presence in health centres, Mr Smith added, with three more branches added to its total of over 500 last week. Its recent opening of a branch in Oxford Street's Selfridges department store was an example of the company's goal to combine health-led retail with a clinical environment and high traffic.

**Watch a video interview with Lloydspharmacy CEO Richard Smith**

**www.chemistanddruggist.co.uk**

## ...including autumn online doctor developments

Lloydspharmacy is to roll out access to its instore online doctor service to around 300 branches this year, and Alliance Healthcare expects its similar service for independent pharmacies to launch this autumn.

Lloydspharmacy has trialled online terminals in pharmacies in the south west and its new Oxford Street Selfridges pharmacy.

The terminals allow customers to visit online prescriber DrThom for consultations on travel vaccinations, antimalarials and cervical cancer vaccinations. Resulting prescriptions are then sent directly to the appropriate branch, where they are dispensed.

Lloydspharmacy now intends to roll the service out, although final decisions are yet to be made.

Alliance Healthcare's collaboration with DrThom has been under consideration with the RPSGB, and the service specification and legal considerations are now complete. IT development is "underway" and the wholesaler expects the service to go live by October.

Services offered at launch could include hair loss, flu vaccination and smoking cessation. **JR**

## First EPS system accredited for release 2

The first pharmacy PMR system received technical accreditation for release 2 of EPS this week, as the NPA sought contractors' views on implementation of the rollout of the national IT system.

Cegedim Rx's Pharmacy Manager system is the first to achieve technical accreditation. Managing director Simon Driver said it had already been installed at a pharmacy on a test computer attached to the live pharmacy network.

Rx Systems has also started testing its system with Connecting for Health, and other suppliers expect to achieve technical accreditation over the summer and autumn months.

Meanwhile, the NPA has encouraged pharmacists to express their views on EPS via an IT forum website (http://itforums.npa.co.uk). Gareth Jones, NHS liaison manager at the association, said they were working on SOPs to use with release 2 and he asked members to give their views on what criteria needed to be used to assess functionality.

"A test merely of technical functionality will inevitably be incomplete, and totally unacceptable to the NPA as a basis for rollout," the NPA warned.

Questions raised included how pharmacies would deliver services if the technology broke down and how final checks would be performed on scripts. **ZS**

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**References: 1.** AMO data on file. October 2007.



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2008.03.03-EC172

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### Diabetes changes

Long-awaited Nice guideline changes published this week have significantly widened the range of treatments available to patients diagnosed with type 2 diabetes. The changes include adding a DPP-4 inhibitor in patients taking metformin. For full details go to http://guidance.nice.org.uk/CG87

### Coeliac testing

Guidelines from Nice have widened the range of potential coeliac patients who should be referred for serological testing. The list now includes those with first degree relatives with coeliac disease, or who have been diagnosed as having irritable bowel syndrome, autoimmune thyroid disease, type 1 diabetes or dermatitis herpetiformis. www.nice.org.uk/CG86E

### Get on top of glaucoma

RPSGB officials have told pharmacists to warn patients they should have regular eye tests for glaucoma. Pharmacists should advise regular eye tests for patients who are over 40 years, have a family history of glaucoma, have diabetes, or short sight and vascular disorders.

### Infections advice

The company behind the Balance Activ vaginal gel has launched a free CPD package on the diagnosis and treatment of vaginal infections. The package provided by Inverness Medical Innovations is available at www.uk.balanceactiv.com

### Stop smoking boost

Numbers of patients referred to stop smoking services are likely to soar due to a new GP practice system-based approach, according to DH officials. The system is designed to ensure stop smoking support becomes routine in general practice. Referrals rose 49 per cent during trials.

### £40M antidepressant

Servier Laboratories has launched a new prescription antidepressant in the UK. Valdoxan (agomelatine) 25mg tablets to treat major depressive episodes in adults, will be available from this month. Pip code: 346-5911

# Healthy living centres plan for Portsmouth

## Hampshire pharmacies to pilot white paper initiatives

**Jennifer Richardson**

Portsmouth pharmacies are set to develop a white paper proposal to transform pharmacies into healthy living centres.

The government has given Portsmouth City PCT funding to develop the model of pharmacies actively promoting health, wellbeing and self-care.

The cash would fund a project manager who had recently been appointed, said Mike Holden, chief officer of Hampshire & IoW LPC, which has worked closely with the PCT on the model. It would also finance research into standards and accreditation frameworks, now out to tender and expected to be completed by early autumn.

The LPC and PCT were due to meet with contractors as C+D went to press this week, to discuss what a healthy living centre might involve.

It was "not about bricks and mortar", Mr Holden stressed. "It's about what you do, not what you look like." Creating healthy living centres would require workforce development, raising premises standards and engaging with other healthcare providers to develop the pharmacy's clinical role beyond essential and advanced contract requirements.

**Mike Holden: six to 10 pharmacies will start early phase of the pilot**

This would overlap with other white paper developments, Mr Holden said. "It's not rocket science – it's about pulling everything together and getting some frameworks and standards in place."

He expected an initial scoping exercise to include six to 10 pharmacies. An event in two weeks will introduce whole pharmacy teams to the development process, which Mr Holden said was key to success. "People at the sharp end need to make this happen," he said.

Healthy living centres is a key workstream of the Public Health Leadership Forum's white paper commitment to increasing pharmacy's public health role. The Forum will continue to contribute to the Portsmouth project.

**Do you back healthy living centre plans?**

**jrichardson@cmpmedica.com**

# Tomato pill tackles heart disease

Supplies of a tomato based anti-plaque food supplement are to begin two weeks early after widescale publicity cause a surge in demand this week.

The highly bioavailable lactolycopene formulation Ateronon, launched this week by Cambridge Theranostics, is claimed to dramatically reduce oxidation of low density cholesterol to form the plaque, which causes myocardial infarctions and strokes.

A spokesman said the company had experienced overwhelming demand following the launch and that plans to supply wholesalers and pharmacies had been pulled forward from the original target date of July 1.

The product is initially priced at £35 for a month's supply of 30 tablets, which places it beyond the reach of many of the people who could benefit. However, C+D has learned the company expects the cost to fall in the future.

In response to the launch, British Heart Foundation medical director professor Peter Weissberg said the public should wait for clinical proof the supplement is effective and advised heart disease patients or those at high risk to rely on prescribed medications and to eat plenty of fruit and vegetables. **GMA**

**More information**
**www.ateronon.com**

# Ibuprofen over paracetamol for child fever

Feverish children should be given ibuprofen first rather than paracetamol, according to health technology assessment researchers.

A study led by the NIHR Health Technology Assessment group found ibuprofen alone or the combination treatment cleared fever 23 minutes faster than paracetamol alone.

The trial in 156 children aged from six months to six years was carried out at NHS sites, and also found that combination treatment with ibuprofen and paracetamol was the cheapest option because it reduced use of health service resources.

However, research lead and University of Bristol primary care lecturer Dr Alastair Hay warned that health professionals and parents wishing to treat young unwell children should keep a careful record of when doses are given to avoid accidentally giving too much. **GMA**

**More information**
**www.hta.ac.uk/1412**

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Please refer to the full SPC text before prescribing this product.

**Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Schering-Plough Drug Safety Department on +44(0)1707 363773.**

**References: 1.** Diprobase Summary of Product Characteristics **Code:** OIP/09-574 **Date of preparation:** February 2009

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# Medicines shortages forming 'barrier to world class service'

## Sourcing of supplies 'a real problem to pharmacy', says PSNC chief executive

**Jennifer Richardson**

Medicines shortages once again dominated pharmacists' discussions at a PSNC event about delivering a world class pharmaceutical service last week.

Drugs quotas was one of the key barriers to achieving this aim, PSNC chief executive Sue Sharpe said. "The problems surrounding the sourcing of supplies, something which wasn't an issue less than three years ago, is causing a real problem to pharmacy," she told an audience of over 100 pharmacists from north west England.

And one delegate agreed: "I spend my life on the phone trying to get hold of drugs."

Time pressures, work volumes and "mountains of paperwork" were other issues that needed to be addressed for pharmacists to deliver a world class service, Mrs Sharpe said. "Lack of confidence in the government's commitment to providing funding and resources is another issue that needs tackling urgently."

However, an increased level of commitment was also needed from pharmacists, Mrs Sharpe argued, including building relationships with local GPs. "Pharmacies for their part have to realise that they are part of the NHS family," she said.

But there were already reasons for optimism, Mrs Sharpe added, such as successful minor ailments schemes and "early signs" of government awareness that a national structure was needed to complement local service commissioning.

She concluded: "We are not far from delivering a world class service but we just need that extra commitment from both the NHS and contractors to get there."

**Sue Sharpe: "Pharmacies have to realise they are part of the NHS family"**


**Pharmacists in Carshalton have voiced concerns to their MP about the slow pace of pharmacy service commissioning in the area. Tom Brake MP visited Park Lane Pharmacy where he met staff and pharmacists, including Andrew McCoig, primary care development manager for owner Medipharmacy. Mr McCoig said he hoped Sutton & Merton PCT would "take stock of what is happening and quicken the pace of engagement" in order to boost pharmacy NHS services. The MP also met Medipharmacy managing director Naveen Khosla (left). Mr Brake told C+D he would be taking up concerns with the PCT in writing. ZS**

## Bankruptcy on the rise

Pharmacists are increasingly facing bankruptcy and seeking financial support, a charity has told C+D.

Applications to Pharmacist Support for financial assistance had doubled in the first quarter of 2009, charity manager David Qualter said.

He added: "We have had four or five bankruptcies over the last few months."

In response, Pharmacist Support doubled financial assistance for pharmacists, Mr Qualter said. **JR**

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- **Big** sales - make sure you stock up now!

## Bazuka that verruca. Bazuka that wart

BAZUKA Trademark and Product Licences held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts. [illegible] for Bazuka Gels: For the treatment of verrucas, warts, corns and calluses. Indications for Bazuka Sub-Zero: For the treatment of verrucas and warts. Directions for use for Bazuka Gels: For adults, the elderly and child[illegible] one or two drops of the gel to the lesion and allow to dry, taking care to avoid the normal surrounding skin. The following day, carefully remove the dried patch and apply fresh gel. Once every week, before re-applying fresh [illegible] the treated surface using the emery board provided. Continue treatment until the condition has resolved. This may take up to 12 weeks for certain verrucas and warts. Directions for use for Bazuka Sub-Zero: For adults, the elder[illegible] at least 4 years old. Assemble the device. Use the safety cap to 'charge' the foam applicator with the freezing agent for 3 seconds. Freeze the wart or verruca by applying the foam applicator for the prescribed period (seconds only). Some warts and verrucas should gradually fall off over the next 2 weeks, although it may be necessary to freeze them again (up to twice more), leaving 2 weeks between each treatment. Contra-indications, warnings and precautions for [illegible]: Not to be used on or near the face, neck, armpits, breasts, bottom or genital (sex) area, or by diabetics or individuals with poor blood circulation to hands or feet. Not to be used on moles, birthmarks, hairy warts, any other lesions [illegible] damaged / diseased skin. Not to be used in cases of sensitivity to any of the ingredients. Localise treatment to individual lesions only. Avoid spreading onto normal surrounding skin. Do not use excessively. Avoid inhaling vapour and keep containers firmly closed when not in use. Highly flammable – keep away from flames. Avoid contact with clothing, fabrics, plastics and other materials as these may be damaged. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. Side-effects for Bazuka Gels: Some mild, transient irritation may occur, but in cases of more severe irritation or inflammation, treatment should be discontinued. Side-effects for Bazuka Sub-Zero: Some pain, aching and stinging will occur. Discontinue treatment if this is unacceptable. Incorrect use may cause permanent injury. Legal Categories and costs: Bazuka Gel (PL 0173/0161, RSP £5.45 (£4.64 exc. VAT) for a 5g tube), and Bazuka Extra Strength Gel (PL0173/0154, RSP £6.35 (£5.40 exc. VAT) for a 5g tube) are [P] status medicines. Bazuka Sub-Zero (RSP £12.95 (£11.02 Exc. VAT) for 12 applications) is a Class 1 Medical Device.

# Sun In duo revamped


Chattem (UK) has introduced a new look for its Sun In hair lightening range, which has been consolidated from four products into two unisex variants – Super and Gentle with Lemon.

Both spray-in products now feature female and male models with contemporary hairstyles to illustrate their unisex usage. The eye-catching packs have a vibrant blue sky background and are colour coded with red for Super and yellow for Gentle with Lemon.

The heat activated formulations remain unchanged: Super has 6 per cent peroxide for instantly noticeable highlights and Gentle with Lemon contains 3.75 per cent peroxide and lemon juice for a sun-kissed effect.

The variants use a conditioning system and botanical extracts to leave the hair looking healthy and manageable, says the company.

The ready-to-use products can be activated by a hairdryer or the sun so there is no development time.

Super for Men and Natural Lemon have been discontinued.

**Prices and Pip codes: Super £5.53, 029-5410; Gentle with Lemon £5.24, 024-1802**
**The Miles Group**
**Tel: 01484 536344**

# Improved Metoject

Medac has launched a new range of licensed Metoject pre-filled methotrexate syringes for use in the treatment of rheumatoid arthritis.

Metoject 50mg/ml has now replaced the previous 10mg/ml range of syringes, which will be discontinued over the next few months.

The increase in concentration has resulted in a smaller syringe and improved patient tolerability, according to Medac. The new syringes have a pre-attached subcutaneous needle, making them easier to use, says the company.

Available in a dosage range of 7.5mg, 10mg, 15mg, 20mg and 25mg, the syringes can be stored at room temperature with no need for refrigeration.

Community pharmacies ordering Metoject from Central Homecare (01420 543400) will automatically receive the new 50mg/ml preparation. The prices remain the same as the original 10mg/ml.

**Medac UK; tel: 01786 458086**

# Canesten in £1m TV campaign


Bayer Consumer Care is backing Canesten this month with a £1 million national TV campaign running to the end of July.

The brand's 'Show & tell' advertisement, which aired earlier this year, now reinforces the message that Canesten Duo is a dual treatment for thrush – a capsule for the internal treatment of the infection and a cream for external symptom relief. It also places greater emphasis on the 'double strength' cream (compared to Canesten 1% cream)

The campaign uses an animated female character to demonstrate the dual benefits, using a flip chart.

Sales of Canesten Duo are growing 14.9 per cent year on year and the product has 21.8 per cent share of the thrush treatment market in pharmacy (IRI chemists data 52 w/e 18 April 2009).

**Bayer Consumer Care**
**Tel: 01635 563524**

# Odor-Eaters in TV push


Combe plans to back its Odor-Eaters range with a five-week national TV campaign kicking off on June 15. The campaign is part of a £1 million advertising spend for the brand this year.

Along with deodorising insoles, the TV campaign will feature the newest addition to the range – an improved Foot & Shoe Spray in a 150ml aerosol. The double-action spray is formulated with an antibacterial to help fight odour-causing bacteria in shoes plus an antiperspirant to help keep feet fresh, dry and odour-free.

**Combe International**
**Tel: 0208 680 2711**


Benadryl ALLERGY RELIEF

## On TV next week

**Alli:** All areas
**Benadryl Allergy Relief:** All areas
**Canesten:** All areas
**Clarityn:** All areas
**Compeed Blister Plasters:** All areas except GMTV
**Corsodyl:** All areas
**DulcoEase:** A, HTV, CTV, W, MGMTV, Sat
**Levonelle One Step:** All areas
**Magicool & Magicool Plus:** All areas except Sat
**Piriton/Piriteze:** All areas
**Touch of Grey:** All areas
**PharmaSite for next week: LipoBind** – windows, **LipoBind** – in-store, **LipoBind** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

# The Responsible Pharmacist

**Whether you are a pharmacy owner, superintendent or a pharmacist working at the coal face, the Responsible Pharmacist (RP) changes will have a significant impact on what you do from October 1. But there are a number of things you can do to prepare for the changes.**

## PART 2 What do you need to do and when?

**From now –** Read, discuss and question as much material as you can from our series of Responsible Pharmacist articles and also read through the additional training resources and suggested Responsible Pharmacist SOPs at www.responsiblepharmacist.com.

Discuss the new principles, concepts and obligations with your colleagues or pharmacist friends and employer if applicable.

**June –** Read about the new SOP requirements and think about writing new ones or adapting existing SOPs to ensure they comply with the new requirements. Writing SOPs from scratch is a time consuming process so start as early as possible. To help you, together with the NPA and McNeil Products Ltd, we are publishing Responsible Pharmacist SOP templates at www.responsiblepharmacist.com.

**July –** By now most of our Responsible Pharmacist SOP templates will be ready for you to download from the RP website and adapt to your pharmacy. Make sure you are up to date – re-read the articles from C+D and continue work on your SOPs.

**August –** An integral part of the RP changes include making entries into the pharmacy record that must be professional and preserved for five years from the date of the last entry. This is a legal document, and should be considered as important as your controlled drug register. Consider ordering a professional pharmacy record document from the NPA and think about RP notice options.

**September –** Now would be a good time to brief pharmacy staff to ensure everybody understands what these changes mean. Consider a live test run with your new and amended SOPs, new pharmacy record document and Responsible Pharmacist notice options.

**October 1 –** By now the processes should have been polished, but it might be a good day to review how they have been going with your staff and offer a quick refresher.

**After October 1 –** As well as keeping on top of your newly implemented processes, you should keep an eye out for and respond to the Department of Health's consultation on supervision which is closely linked to the regulations.

**PART 3 All you need to know about updating your pharmacy SOPs, in C+D, June 20.**

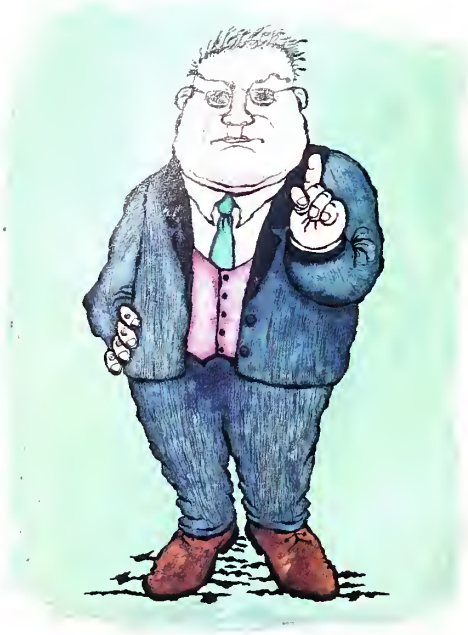
### Five-step checklist

1. Get to grips with the Responsible Pharmacist concept and new obligations.
2. Discuss these with other pharmacists and employee-employers
3. Ensure your SOPs are all up-to-date and cover the topics required by the legislation.
4. Ensure pharmacy staff know the new rules and what activities they can take responsibility for.
5. Implement and start to use the pharmacy record and the Responsible Pharmacist notice.

**Keep checking the RP website at www.responsiblepharmacist.com. All you need to comply with the legislation, from SOPs to top tips, will be posted on the site over the coming weeks.**

The C+D and NPA Responsible Pharmacist Toolkit is supported by McNeil Products Ltd

# No more Mr Nice Guy, please



Pharmacists are 'too compliant', says top barrister (C+D, May 30, p6). I don't know of anyone who would disagree with that statement.

We are the eternal 'yes men (and women)' of healthcare – piggy in the middle in a world where the customer, the doctor and the PCT are king. It's not surprising we feel toothless in any argument when some of our representative bodies prefer to blame us rather than confront the real issues.

Increasingly empowered pharmacists in Scotland are showing their colleagues south and west of the border how it should be done. Their representative body, Community Pharmacy Scotland, has grabbed the bull by the horns, sided with its members and firmly pointed the finger at manufacturers for the medicines shortages.

"Scotland's community pharmacists today laid the blame for the current medicines shortages firmly at the door of the restrictive supply chain practices put into place by major pharmaceutical companies," says a CPS press release. Three cheers for Scotland's community pharmacists!

CPS unequivocally calls to account the pharmaceutical industry, the OFT and quotas. It is also completely behind its members' actions, as a good representative body should be. Braveheart would have been proud of the manner in which this small organisation is directly challenging the 'big boys'.

Medicines shortages are compromising our ability to fulfil our legal obligation to provide patients with their medicines in a timely manner, never mind risking their health. There are a number of factors at play, but the main reason is simple – manufacturers are not providing sufficient stock. And now that counterfeit medicines and parallel imports (not the same thing, of course) have been brought under control by a combination of DTP and the weak pound, there are no excuses. Supply wholesalers with a few more packs of medicine and the problem instantly disappears.

A statement from the ABPI reinforces the power these companies have in dictating the flow of medicines to patients. To say "it is the exporting of UK medicines by some pharmacists which creates shortages in the UK" with a straight face is beyond belief.

The rest of the pharmacy world is focusing its energy on the fundamentally important cause of decriminalising dispensing errors. Perhaps the worm is starting to turn and pharmacy is at last taking itself seriously. If not, we will continue to be used, abused and taken for granted.

# Pharmacies without pharmacists

There is a surreal scene in the movie Catch 22 where the main protagonist (Art Garfunkel) is walking up a one-way street and in the background is a coachman flogging his dead horse in a vain attempt to travel down the street the wrong way. I feel like that coachman and this is due to the Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008 that becomes law this October.

OK, PSNI is holding a consultation seeking views on the regulations so why don't I make my views known there? Sorry, PSNI is only asking how we will implement a total quality management (TQM) system; a requirement of these regulations. It's as if you are to be punished and the only say you have is which form the punishment will take.

I am very happy that PSNI mandates a TQM system on each community pharmacy. Indeed my pharmacies have had such a system in place for some time and both the professional and the commercial aspects of the business have benefited greatly. I am unhappy this is being mandated by government dictate; it's the principle.

That said, I can live with an imposed TQM system but the quality system is only necessary so that pharmacists can leave the premises during opening hours. I have always believed that a pharmacy is a pharmacy only when it has a pharmacist. I have never been convinced I will need to be off the premises for professional reasons. I need to be doing what I do professionally in the pharmacy. If my health board wants someone to talk to schoolchildren about sexual health they need a social worker or they need to get me a locum.

I am far from a Luddite; my pharmacies are progressive, we provide smoking cessation services, we have an obesity management service and we are taking part in three Building the Community Pharmacy Partnership projects.

Last year DH (London) arrived in Belfast and pharmacists were invited to hear about these proposals and to comment. We said a clear and unambigious no, yet the delegation returned to London and got on with a UK change to the regulations. Recently our local Assembly agreed these new regulations without any consultation here.

I oppose these regulatory changes for one simple reason; they will be detrimental to the profession. Twenty years on, what's to stop large chains from manning their pharmacies with NVQ level 3s whose job it will be to shovel original packs of medicines in hungry dispensing robots while one pharmacist at head office sits in front of a bank of video monitors keeping an eye and acting responsibly for perhaps a hundred pharmacies?

With these new regulations, community pharmacy is in a very dangerous place, yet we in NI who have rejected them can do nothing; we have been blatantly ignored.

**Terry Maguire is a community pharmacist in Northern Ireland**

> I HAVE NEVER BEEN CONVINCED THAT I WILL NEED TO BE OFF THE PREMISES FOR PROFESSIONAL REASONS

06.06.09

# Features

Update

Your weekly CPD revision guide Module 1480

# A pharmacist's guide to cystic fibrosis

## 60 second summary

**What's the prognosis for a child with CF?**

Most will now reach adulthood. Average life expectancy is between 30 and 40 and, because of treatment improvements, a baby born with the condition today could live into its 50s.

**What are the problems?**

Repeated chest infections, digestive problems, problems with the liver, diabetes, infertility, osteoporosis.

**Why should people with CF avoid each other?**

Organisms that people with CF may be carrying are harder to treat and can be picked up from the environment, so cross-infection is a major problem.

This article (Module 1480) can help in the following CPD competencies: G1a, G1d, G2a

http://tinyurl.com/68ox7b



## The first in a two-part pharmacist's guide to the diagnosis and management of cystic fibrosis

**Miranda Griffin**

Over 8,000 people in the UK are affected by cystic fibrosis (CF). Around one in every 2,500 babies born has this common genetic disorder, which mainly affects the lungs and digestive system, particularly the pancreas.

Although there is no cure for CF, treatment has improved to the point where average life expectancy is between 35 and 40 years, and because of recent advances this could be longer for a baby born with the condition now. A recent estimate is survival to over 50 years.

Around one in 25 people in the UK is a carrier of the CF gene, but for a child of two carriers to have CF it needs to inherit the faulty gene from both parents – a one in four chance. If only one faulty gene is inherited the child will be a carrier, but will not develop the disease (see box on p18).

The faulty genes affect the way the epithelial cells in certain parts of the body, such as the airways, handle salt and water. There is excessive absorption of sodium and reduced secretion of chloride, which reduces the amount of water in the surface liquid so that secretions and mucus are thicker than normal. These clog the organs, prevent them from functioning properly and leave the lungs prone to infection.

Repeated chest infections take their toll on the lungs and the damage gets progressively worse over time. The main cause of death in those with CF is lung complications – usually respiratory and heart failure.

White Caucasians are much more likely to carry the faulty gene than Asian or Afro-Caribbean people.

### Diagnosis

All babies born in the UK are now screened at birth for CF, but older children and even some adults may be diagnosed following unexplained illnesses.

Newborn screening occurs as part of the normal Guthrie heel-prick test carried out when the baby is around six days old. If the test shows high levels of immunoreactive trypsinogen, an enzyme produced by the pancreas, then further testing will be carried out to confirm the diagnosis.

Screening at birth is important as the sooner treatment is started the better the prognosis.

Genetic testing will detect the presence of the CF gene and confirm the diagnosis, and this can be carried out using either a blood test or from cells scraped from the inside of the cheek.

For those known to be at high risk of carrying a baby with CF, antenatal testing in the early stages of pregnancy using chorionic villus sampling (CVS) can identify whether or not the baby will have the disease.

A third test is a sweat test, where a sweat sample can be collected and analysed to identify an abnormally high level of salt, which is indicative of CF.

Carrier testing using a mouthwash can be useful for certain people at increased risk, eg if they have a relative who is a carrier or has CF, or their partner is known to be a carrier.

### Symptoms

Symptoms of CF usually appear in the first year, though they may appear later in life. Different people may experience different symptoms and they can vary in severity, with some people only experiencing relatively mild symptoms.

The main symptoms are:

- Persistent cough, caused by the body trying to remove mucus from the lungs.
- Wheezing.
- Breathing difficulties.
- Recurring chest infections caused by bacteria trapped in the thick mucus. These infections can damage the lungs and lead to reduced lung function.
- Problems with digestion and absorption of food are common, as in about 85 per cent of cases CF affects the pancreas, which produces the enzymes amylase, lipase and protease needed to digest food. The ducts in the pancreas may be blocked by the thick secretion, so the amount of enzymes and bicarbonate reaching the intestines is restricted.

# New body needs new minds

## Help us build an exciting new professional leadership body for pharmacy

This is an exciting time for us, as we work to deliver a new leadership body for the profession. Committed to being the influential voice of pharmacy, your new body will focus on giving you the support you need, whenever and wherever you need it.

But we can't do this alone. We need your insight, knowledge and commitment to help develop a unified, positive and energised profession, and a future we can all be proud to be a part of.

**Your new professional leadership body needs you.**

Visit the newly launched website at **www.pharmacypb.com** today or call **0808 168 5141** for more information about how to get involved or email us at **newpb@rpsgb.org** and let us know what's on your mind.

COMMITMENT TO PHARMACY

Heather Holyoak, Resident Pharmacist, Guy's and St Thomas' Foundation Trust

RPSGB is working with the profession to build a new professional leadership body for pharmacy

**www.pharmacypb.com**

Even if plenty of food is eaten, much of it cannot be digested and absorbed, including the fat-soluble vitamins A, D, E and K.

This can cause:

- malnutrition
- failure to thrive
- prolonged diarrhoea
- poor weight gain and growth
- delayed puberty
- constipation and bloated abdomen, and large, fatty, foul-smelling faeces.

Energy expenditure is also higher in those with CF in part because of frequent lung infections and the extra effort involved in breathing.

## Complications

There are several other problems associated with CF:

**Liver problems**

The mucus can block small ducts in the liver. This happens in around 8 per cent of cases and may lead to cirrhosis and possibly even the need for a liver transplant.

**Diabetes**

Damage to the pancreas caused by the build-up of viscid secretion can lead to failure to produce enough insulin. This develops over time and is therefore more common in adults than in children.

**Infertility**

In men, the tubes carrying sperm to the exterior are not developed and prevent conception. In women, the menstrual cycle may be affected by the fact they are underweight, causing irregular periods.

Fertility may also be reduced by the presence of thickened mucus in the cervix. However, conception in women with CF may still be possible so contraception should be a consideration. Pregnancy can exacerbate the symptoms of CF.

**Osteoporosis**

The digestive difficulties associated with CF can lead to osteoporosis from the lack of necessary vitamins and minerals or as the result of steroids taken to control lung problems.

## Other problems

Other problems include repeated sinus infections, polyps inside the nostrils, rectal prolapse and clubbing of the fingers and toes.

Babies with CF may be born with meconium ileus, where the meconium is too thick to be passed from the bowels and causes an obstruction that may require an urgent operation.

## Cross-infection

A major problem facing those with CF is cross-infection.

Two types of bacteria that can cause particular problems in CF patients are:

- Burkholderia cepacia complex
- Pseudomonas aeruginosa.

These are not usually harmful to the general population but can cause serious lung problems in those with CF. It is thought that the strains of Ps. aeruginosa that CF patients can acquire from each other may be harder to treat than other strains picked up from the environment. It is therefore recommended that people with CF should avoid contact with each other. CF clinics may separate patients, depending on whether or not they have certain strains of the bacteria.

## Gene therapy

Research is continuing into replacing the faulty gene responsible for causing CF with a healthy one, using either viruses or liposomes. This has been done successfully but at present the effects do not last for more than a few days. Research is now concentrating on getting the gene into the cells more efficiently and making the effects last for a longer time.

## Treatment

Treatment of CF is complex and involves medication, physiotherapy, diet and lifestyle. It will be considered in next week's Update article.

> PEOPLE WITH CYSTIC FIBROSIS SHOULD AVOID CONTACT WITH EACH OTHER. CF CLINICS MAY SEPARATE PATIENTS, DEPENDING ON WHETHER OR NOT THEY HAVE CERTAIN STRAINS OF THE BACTERIA

## Your CPD menu

| | |
|---|---|
| MORE UPDATE ARTICLES | **www.chemistanddruggist.co.uk/update** |
| PRACTICAL APPROACH | **www.chemistanddruggist.co.uk/practical approach** |
| ETHICAL DILEMMA | **www.chemistanddruggist.co.uk/ethicaldilemma** |
| MUR TIPS AND RESOURCES | **www.chemistanddruggist.co.uk/murzone** |
| PHARMACIST TRAINING | **www.chemistanddruggist.co.uk/pharmacists** |
| PRE REG TRAINING | **www.chemistanddruggist.co.uk/generationrx** |
| STAFF TRAINING | **www.chemistanddruggist.co.uk/stafftraining** |

## Inheritance of CF

The cause of CF is mutations in a gene on chromosome 7. This gene product (cystic fibrosis transmembrane regulator) controls the movement of salt and water in and out of cells. The inheritance of CF is autosomal recessive so one faulty gene from each parent needs to be inherited for their offspring to have the condition. If both parents are carriers there is a:

- one in four chance of having CF, by inheriting copies of the faulty gene from both parents
- one in two chance of being a carrier of the gene, by inheriting just one of the faulty genes
- one in four chance of neither having CF nor being a carrier, by inheriting no copies of the faulty gene.

To ensure you don't miss out, sign up to C+D's clinical email newsletter at www.chemistanddruggist.co.uk/register and get Update articles delivered to your inbox for free.

**Miranda Griffin BSc Hons is a freelance medical journalist. (With acknowledgements to the Cystic Fibrosis Trust.)**

**Get an RPSGB-approved CPD certificate for your portfolio when you successfully complete the 5 Minute Test online. See opposite for details.**

**NEXT WEEK'S UPDATE**

The management of cystic fibrosis

## MUR case studies

**Reflect**

Why might cystic fibrosis cause malnutrition? What complications are associated with CF? Why should people with CF avoid contact with each other?

**Plan**

This article describes the diagnosis and symptoms of CF, how it is caused, who is likely to get it and the complications that affect sufferers.

**Act**

Find out more information about CF from the Patient UK website at **www.patient.co.uk/showdoc/40000351** and **www.patient.co.uk/showdoc/27000674**

Read the Cystic Fibrosis Trust website to learn how the sweat test is carried out: **http://tinyurl.com/dcxqee**.

More information about cross-infection between CF patients is also available from the Cystic Fibrosis Trust at **http://tinyurl.com/dhswot**.

The winter 2008-09 edition of CF Today from the Cystic Fibrosis Trust has information about gene therapy and CF in older patients at **http://tinyurl.com/cbbshw**. You may wish to recommend this publication to patients.

Make a note to read next week's Update article about the treatment of CF.

**Evaluate**

Are you now familiar with the cause, symptoms and problems associated with CF? Are you aware of the complications that the condition can cause?



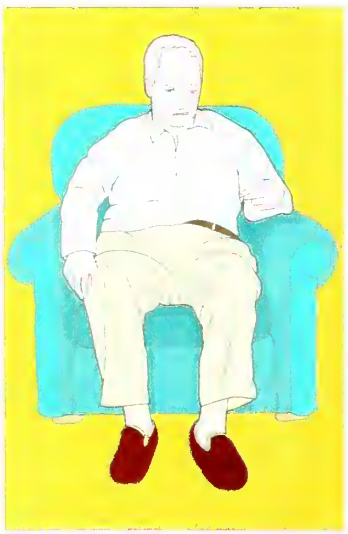
# What has caused a 'funny turn'?

Mr Kershaw has come to collect his wife's repeat prescription at the Update Pharmacy and has asked to speak to the pharmacist. He is shown to the consultation area where David Spencer comes to see him.

"I don't think you know me," Mr Kershaw says. "I'm generally fit as a flea and don't take any medicines. I've never really needed doctors and, to tell you the truth, I prefer to stay out of their way. But something happened the other day that worried me a bit. I haven't mentioned it to my wife because I don't want to worry her, but I would appreciate your advice."

"Certainly, I'll help if I can. Just tell me all about it. And could you start by telling me your age?" David replies.

Mr Kershaw responds: "I'm 64. I was at home on my own a few days ago when I had what I can only describe as a funny turn. Suddenly I couldn't see out of my left eye, I had to sit down because I became very weak right down the right side of my body, and I could hear myself muttering unintelligibly. After a few minutes it went over as if nothing had happened and I've been absolutely fine since. I'm hoping it was just a one-off. Should I forget about it?"



### Questions

**1. What is the most likely explanation for Mr Kershaw's 'funny turn'?**

**2. What are the typical symptoms?**

**3. How could David assess the likelihood of a serious condition?**

**4. What should David advise and what is the treatment?**

### Answers

**1.** A transient ischaemic attack (TIA), an episode of transient ischaemia in some part of the cerebral hemispheres or brain stem caused by atheroma of the carotid or vertebral arteries and embolisation of blood platelets and cholesterol.

**2.** Two groups. a) Carotid territory symptoms: painless monocular blindness, described as a curtain, shade, or mist descending over the eye; weakness or numbness in the side of the body opposite to the vision loss; loss of or deficiency in the power to use or understand language. b) Vertebrobasilar territory symptoms include: inability to co-ordinate voluntary muscular movements; vertigo; difficulty in articulating words; double vision or temporary blindness in one or both eyes. Duration of a TIA is usually five to 15 minutes.

**3.** Calculate an ABCD2 score based on age (60 years: one point), blood pressure (140/90mm Hg: one point), clinical features (unilateral weakness: two points; or speech disturbance: one point), duration (60 minutes: two points; 10-59 minutes: one point); presence of diabetes mellitus (one point). Score four indicates high risk of stroke.

**4.** Give Mr Kershaw an aspirin 300mg tablet and refer him to his GP immediately, who should refer him to secondary care as soon as possible. Nice recommends that patients with an ABCD2 score of four should be assessed and investigated within 24 hours. Long-term antithrombotic treatment is normally aspirin 75mg daily and dipyridamole m/r 200mg twice daily.

**G1a, G1d, C3e, See http://tinyurl.com/68ox7b**

RPSGB president Steve Churton listens to the debates at the Society's branch representatives meeting

# BRM 2009

Responsible Pharmacist regulations and the new professional body were overshadowed by one issue at last month's RPSGB Branch Representatives' meeting. **Chris Chapman** and **James Clegg** report

It was no secret which topic was the spectre at the feast at last month's RPSGB branch representatives meeting; the Elizabeth Lee case dominated proceedings, from a mention in the first motion to the closing comments.

Glasgow and West of Scotland's motion urging the Society to act on the criminal prosecution of dispensing errors brought the matter to a head and garnered wide support. Branch member Gordon Dykes reiterated warnings that criminalising dispensing errors would drive mistakes underground. The threat of prosecution was an "unnecessary and disproportionate use of stick rather than carrot", he said.

But the pervasive undercurrent was probably best highlighted by an impromptu move by Penfro branch's David Thomas to congratulate Society registrar Jeremy Holmes on his decision to allow Mrs Lee to leave the register rather than face a statutory committee hearing.

Yet while the criminal prosecution of dispensing errors loomed in the background, other issues rose to the fore. Slough and District proposed an end to the promotion of homeopathy in pharmacies. Dr Angela Alexander slammed the current situation as "ludicrous", stating firmly that "homeopathy has no rational basis".

However, opposition to the motion, from members including Leicestershire and Rutland's Carol Lange, who argued the profession should retain an open mind, saw it fail in the only defeat of the day.

## Demand for staffing safeguards

Branches also called for steps to be taken to make sure that pharmacies are properly staffed to ensure patient safety.

Northamptonshire branch requested the Society lobby the government for funding so that a second pharmacist is always present in the absence of the responsible pharmacist. Harrow and Hillingdon branch called on the Society and the new regulatory body to give guidance on the minimum number of staff needed in a pharmacy for safety reasons. Both motions were passed, the second with an amendment (see panel, left).

Francesca Ovendon said of the Northamptonshire branch motion: "We applaud the fact that pharmacists are part of the wider healthcare team but don't feel leaving the

pharmacy without a pharmacist is the way to go."

Shilpa Gohil, secretary of Harrow and Hillingdon, said: "It's difficult to believe when stress has been discussed recently that staff levels are never mentioned.

"It would be refreshing to read an article in Which? or the Daily Mail saying pharmacists work hard so let's look at why they cannot deliver the service."

Economic factors were also mentioned in both cases. Shaheen Bhatti, another Harrow and Hillingdon representative, said: "Unemployment is high and pharmacy is no exception, but requests for pharmacy assistants are turned down due to budgetary constraints."

Ms Ovenden, of Northamptonshire, said that funding for fill-in pharmacists could utilise the semi-retired and those with children for short periods, thus making better use of the pharmacy workforce.

Although both motions were passed, the one on staff numbers met some opposition. Gordon Dykes of Glasgow and West of Scotland branch said: "We live in an overprescribed world. Let's regulate less and leave more to market forces."

Society registrar Jeremy Holmes took the meeting as an opportunity to warn that the professional leadership body "must have the great majority" of pharmacists in membership for it to be an effective force. He said: "If not enough join, [the leadership body] won't have the voice for pharmacy and be able to provide services."

> WE LIVE IN AN OVERPRESCRIBED WORLD. LET'S REGULATE LESS AND LEAVE MORE TO MARKET FORCES

His comments were supported by president Steve Churton, who said it was "absolutely essential" that every pharmacist play a role in the professional leadership body.

Mr Churton said: "I cannot be clearer – without your support, and those of your colleagues up and down the country, we will simply not succeed in delivering what we all need."

Mr Churton also told branch representatives that membership take-up of the new professional body could depend on whether multiples continue to reimburse the Society membership fee.

"To a large extent it depends on large employers continuing to reimburse members' fees. As you would expect, we are talking to these people but nothing has been set yet," he added. However, he denied that employers would have undue influence on the new body, saying that it would be "purely for advancing members and their interests".

**See more on this story at www.chemistanddruggist.co.uk/news**

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# A degree of skill

## Studying for an MBA could give you transferable business skills

It's the world's most popular postgraduate degree, recognised internationally. And, not just the preserve of jet-setting financiers and consultants, a Masters in Business Administration (MBA) could offer pharmacists a route up the career ladder.

An MBA would add a broad business base to existing clinical pharmacy knowledge, says Warwick Business School's marketing and recruitment manager Rachel Killian, giving pharmacists analytical tools to apply strategic direction to drive their businesses forward.

"The traditional route into pharmacy probably won't have given people the business skills needed, and the MBA enables them to learn from other businesses and benefit from a shared learning environment," she says.

And for those wishing to switch careers, an MBA would provide transferable skills, which could be applied across the pharmaceutical industry and beyond. "Multinationals such as Johnson & Johnson, GSK and L'Oréal are regular recruiters at Warwick, where they value students with pharmaceutical backgrounds who can bring both a technical understanding and broad business knowledge to a role," says Ms Killian.

Many possible reasons to do an MBA, then, but you need to be clear about yours, says Carl Tams, membership services manager at the Association of MBAs (AMBA). "Don't expect an MBA to be a catch-all fix for dissatisfaction with your career."

MBAs cover all major functions and practices of a business. Core modules on most programmes include corporate finance, business accounting, operations management, strategy, IT, people management and marketing. There may also be elective modules and a project or dissertation.

**Full time courses provide the opportunity to network with other students**

However, there are so many courses it is difficult to know where to start. A good place is AMBA (www.mbaworld.com), which accredits MBA programmes at 157 business schools in 71 countries worldwide. The Financial Times also ranks business schools according to value for money (www.ft.com/businesseducation/mba).

Mr Tams advises prospective MBA students to consider only accredited courses that have been independently audited by AMBA, or the US-based AACSB, or EQUIS in Europe. He also suggests attending business school open days and fairs run by AMBA to see what is on offer. The business schools provide detailed information about their courses on their websites.

A standard full-time MBA in the UK usually takes 12 months, although some are longer.

"Full-time programmes... provide an intensity of experience," says Mr Tams. "You're also given a broader opportunity to network with other students and you can access professional careers support." However, there is the loss of salary to contend with, and full-time courses are the most expensive. Students would also be away from their pharmacy for a year and could lose touch with what is going on in a rapidly changing sector.

Most MBA students opt for part-time or distance learning courses. Combining this with a full-time pharmacy job is tough, but what you learn can immediately be put into practice. You would also be locally based, so have none of the travelling and accommodation costs of a full-time course. Nevertheless, study time would put pressure on a pharmacy business and add the expense of locum cover. Mr Tams says: "Part-time and distance learning programmes suit those who are keen to continue working and have the self-discipline for that type of study."

An MBA may seem like a drain on resources – between £15,000 and £40,000, depending on the school. But pharmacists needn't be put off, as many external organisations offer scholarships or grants. Around half of Warwick Business School distance learning students receive at least partial funding from their employer.

London Business School runs a loan scheme through HSBC and the NatWest MBA loan scheme is open to students on accredited AMBA courses. Some schools also have large alumni donations available.

### Career tip of the week

**"Design your product or service to be flexible and adaptable. Invest more than the bare minimum in engineering your product or service so that it can be easily adapted as you find out what your customers really want to buy – this is nearly always money well spent."** Adapted from Brilliant Manager, by Nic Peeling
**www.chemistanddruggist.co.uk/booksforjobhunters**


# Why I did an MBA

Gordon Farquhar qualified with a BSc in pharmacy from Strathclyde University in 1985. He joined Boots, rising to operations director in the Netherlands and Boots MC in Japan.

During his stint in the Netherlands and the Far East, Mr Farquhar studied for an MBA at Nottingham Business School, taking the distance learning route.

"I chose to study an MBA because I felt my future career would lie in business rather than in dispensing medicines. I wanted to develop myself as a more rounded businessman, and the MBA programme gave me a structured approach to my development," he says.

"The course changes the way you think and makes you more proactive – and therefore more capable.

"My pharmacy degree made me an expert in medicines, but to take on a management role I felt I needed a formal basic education in business, which has been provided by the MBA."

After a role as operations general manager at Halfords, Mr Farquhar returned to his roots as commercial director at the Co-operative Pharmacy. In this role, he is both a pharmacist and professional marketer and has a formal education in each discipline.

"I don't think the MBA was essential for getting me the job but it's certainly a helpful qualification, especially in these challenging times for pharmacy," he says.

"I'd recommend it to other pharmacists, but they must be clear about why they want an MBA. It's tough working full-time while studying, but I had a clear focus and became very good at managing my time.

"It's a lot of hard work, but if you have a passion for learning and want to progress, it will give you a great foundation from which to do this."

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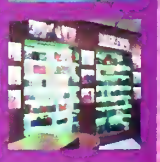

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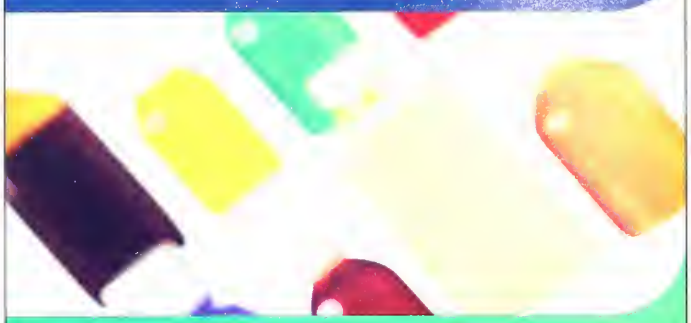

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# Postscript...

**Mike Hewitson's diary of a new pharmacy owner**

## International relations

This week has been a testing time for international relations as our French twin town have been visiting, and the town's traders were given about two days' notice to put together window displays with a French theme. Apparently nobody thought a guillotine was appropriate, so my wife made a French flag instead.

On a busy, short-staffed, pre-bank holiday Saturday a customer came to the counter: "Parlez vous francaise?" My mind went blank – five years of high school French down 'le toilet'. Luckily, the patient had the one ailment that I could talk about: "Mal a la gorge". My heart leapt at the brilliantly simple sore throat and, after 10 minutes of pigeon French and some hand gestures, we had arrived at a suitable combination of products for the customer's daughter. He seemed pleased and demanded a photograph; at the time I thought he was just being polite, but with hindsight I am concerned it was some form of insurance policy in case my recommendation was wrong – some form of photographic clinical governance. Hopefully this will not catch on in the UK! I steeled myself for more bilingual consultations by hiding in the back of the dispensary for the rest of the morning, but fortunately I was not required.

On Sunday morning I made my usual croissant run to the patisserie, hoping to eat breakfast in the sun in our newly tidied garden. But I found to my horror our visitors had eaten the place clean! Not a crumb in sight. Entente cordiale – I don't think so!

> 'MY MIND WENT BLANK – FIVE YEARS OF HIGH SCHOOL FRENCH DOWN 'LE TOILET'

## Raiders of the lost archives

**C+D 1859-2009 Celebrating 150 years in pharmacy**

**C+D turned detective in its February 1860 issue, solving the deaths of 850 patients. Well, ok – 850 sheep.**

Mr Elliot, a chemist in Berwick, had supplied some arsenic-containing sheep dip to a local farmer, Mr Black. Mr Black had proceeded to dunk his sheep, only to have 850 promptly kick the bucket from arsenic poisoning. Mr Black then sued the chemist over his deceased livestock.

"The action was unjustly brought to a conclusion in favour of the plaintiff, damages allowed £1,400," C+D reported – more than £100,000 in today's money.

But how did the arsenic enter the sheep's digestive tract? C+D came up with a solution.

"Mr Black neglected (as directed) to wring the moisture well out of the wool," asserted C+D. "The consequence was the solution containing the poison dripped over the pasture and was, together with the grass, taken into the mouth and thence into the stomachs of the sheep that died."

Elementary, my dear Watson. And not a bad piece of deduction, considering Sherlock Holmes wouldn't be invented for another 27 years.

## The wheels on the bike go round and round...

... and for three members of the C+D team they did just that for 100 miles in a single day, when they all successfully completed the 100-mile Kent Castle Ride.

C+D's online editor Tom Hawkins and projects director Patrick Grice had been persuaded by commercial director Ruth McKay that this would be a pleasant way to spend a Sunday – and raise almost £500 for children's charity Action Medical Research.

After starting at Tonbridge Castle, by lunchtime at Headcorn the trio had completed 56 miles in strong headwinds and endured a two-hour drenching. Oh, and after complaining she hadn't had much practice fixing punctures, Ruth (pictured, above, with Patrick) had managed four by then. But the weather looked up in the afternoon as the route reached its southernmost point at Bodiam Castle before heading north back to Tonbridge. It being the Garden of England, the route included the odd hill or two, so after 11 hours on the road the finish was a welcome sight!

# Challenge = Opportunity

**It's a time of change for community pharmacy. A time of challenges matched by opportunities. And a time of exciting growth and development for the Pharmacy Show.**

A selection of exciting new programmes being introduced at the Pharmacy Show this year...

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**Presentation:** One tablet containing 1500µg levonorgestrel. **Uses:** Emergency contraception within 72 hours of unprotected intercourse or failure of contraception. Not recommended for young women under 16 without medical supervision. **Dosage and administration:** One tablet taken as soon as possible, preferably within 12 hours, and no later than 72 hours after unprotected intercourse. Vomiting, or other causes of malabsorption (such as Crohn's) might impair the efficacy of Levonelle One Step. If vomiting occurs within 3 hours of taking the tablet, another tablet should be taken immediately. Use at any time in the menstrual cycle unless period is overdue. After use, advise using barrier methods until next period. Regular hormonal contraception can be continued. **Contraindications:** Hypersensitivity to any of the ingredients of the preparation. **Warnings and precautions:** Levonelle One Step is suitable only as an emergency measure. Advise women presenting for repeat courses to consider long-term methods of contraception. Levonelle One Step does not prevent a pregnancy in every instance. If timing of intercourse is uncertain or occurred more than 72 hours earlier, conception may have already occurred. Following treatment, if the next menstrual period is abnormal or more than five days late, women should be referred to a doctor so that pregnancy may be excluded. If pregnancy occurs, evaluate for ectopic pregnancy. Ectopic pregnancy risk is low. Ectopic pregnancy may continue despite uterine bleeding. Explain importance of follow-up appointment and possible alteration to timing of next period (few days earlier or later). Exclude pregnancy in users of regular hormonal contraception if no bleeding occurs in the next pill-free period. Not recommended for women with severe hepatic dysfunction. Emergency contraception does not protect against sexually transmitted infections. Repeat administration within a menstrual cycle is not advisable due to possible disturbances of the cycle. Efficacy might be impaired in women with malabsorption syndromes or by interaction with concurrent drugs including barbiturates (e.g. primidone), phenytoin, carbamazepine, herbal medicines containing Hypericum perforatum (St John's wort), rifampicin, ritonavir, rifabutin, griseofulvin. Medicines containing levonorgestrel may increase the risk of ciclosporin toxicity. Women with malabsorption syndromes or on interacting medicines should be referred to a doctor. Levonelle One Step contains 142.5mg lactose. Take this into account for women with galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption. Epidemiological studies indicate no adverse effects of progestogens on the foetus but there is no data available for doses greater than 1.5 mg levonorgestrel. Animal studies showed virilisation of female foetuses at high doses. Levonorgestrel is secreted into breast milk. Advise breast feeding women to take the tablet immediately after a breast feed. **Side-effects:** Nausea, low abdominal pain, fatigue, headache, dizziness, breast tenderness, vomiting and diarrhoea. Bleeding patterns may be temporarily disturbed. **Trade price:** £13.83 per tablet **Legal classification:** P **PL Number:** PL 05276/0020 **PL Holder**: Medimpex UK Limited, 127 Shirland Road, London, W9 2EP **Distributor:** Schering Health Care Limited, The Brow, Burgess Hill, West Sussex, RH15 9NE. Levonelle One Step is a registered trademark of Bayer Schering Pharma AG (formerly Schering AG). Date of revision: March 2009

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**Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Bayer Schering Pharma; Tel: 01635 563500, Fax: 01635 563703, E-mail: phdsguk@bayer.co.uk**

9LVN04 Date of preparation: April 2009